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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

DEAR EDITOR: I am extremely interested in your Editorial Comment (April number) on skilled nursing care for the "great middle class," and also in your question, "What are we going to do about it?" I am still more intensely interested in the economic condition of women.

Why do you call the "trades-union rate of charge" an evil? If it were not for this trades union, or rather organization of specialized labor, nurses would still be receiving the "starvation wage" which is, at this present hour, perhaps responsible for more than half—or shall I say three-quarters?—of all the sin, sickness, sorrow and necessity for nurses, that there is in the world.

You speak of "giving services, as humiliating," but are you not as surely giving seventeen or fifteen or ten dollars a week to the mechanic or bookkeeper if you can earn twenty-five dollars a week elsewhere, and are working for him at eight or ten or fifteen dollars?

Regardless of physicians' compensations, why should you, if morality be the battle-cry, over charge the rich any more than under-charge the poor? By accepting eight or ten or fifteen dollars a week, and stating no humiliating suggestion of charity is offered, do we not proclaim to the public that we are worth no more? Will it not be a most serious result if, after a time, we find we can command no more? Can nurses be economically independent at eight or ten or fifteen dollars a week? If so, let us by all means allow all humanity the privilege of lowered rates. If not, is it not a short-sighted policy to work for the "benefit of humanity," and by so doing defeat our purpose and be thrown later on in our lives as "objects of charity" upon this self-same confessed humanity?

As for the nurses of Toronto meeting this demand, is it not a well-known fact that nurses in Canada cannot command a "living wage," and does this not account for the great number of Canadian nurses in America who are here not only as our most honored leaders, but as wage-earners?

A central directory in a fair-sized community will surely be of some assistance in providing those of moderate income with skilled

nursing. It will bring together all conditions of nurses, among whom will be some women who are not entirely dependent upon nursing for their livelihood. Upon these women should fall the responsibility of nursing "the middle classes" at lowered rates. The rank and file of nurses who are earning twenty-five dollars a week by private nursing are not only supporting themselves entirely, but many are assisting a brother or sister through school or college, or helping their own who are not in a position to work. Is not this a most natural and sane manner of benefiting humanity? We must realize that by working forty-five weeks out of every year for fifteen years at this trades-union rate (and not many women are able to nurse longer) a woman can only save about ten thousand dollars, and then unless she cares to spend the principal, this will only yield her from four hundred to five hundred dollars a year. Will you blame me for my anxiety?

MARY BARTLETT DIXON,
Registered Nurse, Maryland.

[This writer has missed the point of our argument. If nursing is a trade, the union rate of charge is right. If it is to be a profession, the union rate must go.—ED.]

DEAR EDITOR: It was with a great deal of pleasure that I saw Miss Hasson come forward with her ideas in the April JOURNAL in regard to conditions in the Army. Her view of the matter so entirely coincides with my own that I most heartily endorse all that she said and shall not go into extra details; but should like to say that in case of future war or national calamity this question of nurses for the army should be settled now and for all time. And who are more competent to do this than the nurses who first entered the service? When the Surgeon General first sent out an appeal for volunteers for an emergency service I was too ill to take an interest in the matter. Then later I was amused at the many fault-findings in regard to the treatment some nurses had received while in the service. I am inclined to think that these complaints now come usually from nurses who had done very little work in the early days of the war. I am sorry for them, and hope others besides Miss Hasson will have something of the good side as well as the bad to tell. When the first call for nurses was made in 1898 I had the pleasure to be called to Sternberg Hospital, Chickamauga, Georgia, where no doubt we had things much better, considering the early date, than in the other camps. We had a good Commanding Officer and a most capable Chief Nurse.

Mrs. Whitelaw Reid and Mrs. W. Cowdin sent us often many luxuries for our own as well as for our patients' comfort.

In December '98, I received orders from Washington to proceed to the Philippines, and *en route* stayed at the Presidio for a while awaiting passage on the transport, and here things were indeed very different from Sternberg Hospital, where we had had none but graduate nurses. At the Presidio it seems they had managed to gather together a lot of women of all kinds. A very few were trained, many had never seen a sick-room before. After a time order was brought out of a very badly-run hospital. The nurses were made comfortable and were well treated.

Miss Hasson mentioned some of our medical officers, whom it certainly was a pleasure to know, and we had many of them, more good than bad by far—General Woodhall, for instance to whom we owed our good quarters in Manila and many other things, and I only want to add to Miss Hasson's list Major Meecham, who later lost his life when in charge of the Health Department in Manila. A kinder man never lived, and I could mention many others who not only appreciated our work but did all they could to make us comfortable. The pioneer nurses in the Philippines had by no means an easy time, but it was not by any fault of the government. Consider the hurried preparation for war and the great distance from our own country to the far East, and also that in this new field we had to have everything sent to us from home; for it was simply out of the question in those days to get anything there which we could use for the patients or ourselves. By September, '99, however, we were established in our nice home on Calle San Miguel, and Miss Mary McCloud, a very superior woman, was sent out as Chief Nurse, and we were made as happy and comfortable as we could with any reason expect. December '99, six of us were selected to go to Dagupan, Northern Luzon, and open up a hospital. This seemed a little hard when we had just gotten so nicely settled in Manila, and we felt we should have to rough it anew for awhile, for here was a great deal of war raging and it was not very safe. Dagupan can be reached by train usually, but we were sent up by water on an old Spanish boat and it took three days. And here again we had the kind consideration of Major Dugan. We finally arrived safely at Dagupan, but the supplies which were supposed to have been sent some time before us did not arrive for several weeks and we had to live like real soldiers for a while.

Arriving at Dagupan we found that no quarters of any kind had been provided, so a native house was hurriedly gotten ready, and

with one table, two chairs and one long bench for furniture we moved in. Some of the old-time army cots, which are like a hammock with a stick across the middle, were to be our beds until our supplies came. Most of us did what I have so often seen Indian patients do—get out of bed and roll themselves in an army blanket and sleep on the floor. With this and a straight army ration we had to be contented for awhile.

This was not very pleasant to endure, but we had not much time to think about ourselves, for across the way were about 250 wounded men awaiting us. It may seem funny but on Christmas Day that year we did not remember until almost evening that it was the day of all days in the year that we look forward to, not only for good times but a good dinner, and here we were, with nothing but beans, bacon, salmon, hardtack, and coffee, and for our patients malted milk. But the Commanding Officer in another house had nothing any better, so it was no use to complain and we knew that just as soon as Col. Greenleaf could he would get things through to us, which he did. But never have I felt happier and more appreciative than I did in those days.

One of our nurses was taken down with typhoid fever; otherwise we kept pretty well. You will ask, what kept us up on such food from 12 to 20 hours hard duty? I think it may have been the thought of being really needed and a patriotic heart. The nurses who did not enter on their army work until 1900 can know nothing of what we earlier ones had to contend with. However, I am happy and proud to think I was one among the first, and should our country need me again I should most surely be one of the first to offer my services, no matter who were over or under me. And let me assure those who are afraid of hard work and other hardships, that never again will you have to face the same disadvantages we did, for your way is paved for you and the best government in the world will recognize your labor and skill.

TERESA ERICKSON.

DEAR EDITOR: Trusting my letter may be of some assistance to the nurse who finds herself in a quandary on beginning private nursing, I shall endeavor to assist her with my own experience. Every nurse is, I think, troubled at first, not by the real serious work of nursing but by the little minor details the right performance of which goes to make a successful nurse. No nurse is anxious to make

any radical changes in the general routine work, and yet she feels somewhat timid about consulting the older graduates. This should not be so, as I do not doubt the greater number of nurses who have been practicing private nursing have all had the same uncertain feeling and would be pleased to help the younger graduates if consulted. This feeling is especially true of obstetrical nursing. In regard to the washing of napkins, I have never found it necessary to do so, nor has it ever been required of me. At the same time I think the nurse should be as considerate as possible of the person who may be attending to that part of the work. I find, in most families, it is quite easy to procure old, soft, table napkins and table-cloth, which can be cut in squares and folded inside the diaper; and when changed and found soiled, can be thrown away, or washed and used again, according to circumstances. If I find it impossible to procure the old linen or gauze, the diaper may be rinsed in a vessel of cold water and then put to soak in lukewarm water. In that way, I have never had any objections offered by the maid who attends to the washing of them. Regarding the taking of the baby out on the street in a baby carriage, with uniform or otherwise, I do not think it the duty of the trained nurse to do so. Very young babies (the usual time when the trained nurse is in attendance) are not as a rule taken out, as with the care of mother, baby, food, and other things, the nurse has quite enough to attend to. In the case of an older child, who by illness may require the services of a nurse, it is I think the duty of the nurse to see that the child gets the necessary amount of fresh air, which may be had on the porch or grounds, if in the country; but if in the city, it certainly complicates matters. However, as there is usually a nurse girl in attendance, if the trained nurse looks after the proper wrappings, with the necessary cautions to the nurse girl, I see no reason why she should be required to take the child for its airing. There may be many nurses who differ with me on this subject; if so, it will be pleasant to hear from them. We can never adhere to cast-iron rules on any one subject, for I certainly feel, were it absolutely necessary that we should do so in order to insure a safe recovery for the infant in charge, self would have to be left out of the question, and however distasteful, take the infant out. This would be a good subject for discussion by some of our older graduates. Let us hear from them.

M. F. L.